

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 622467	RECEIPT DATE:	08 / 16 / 00
IA NUMBER:	PCT/ SI99 / 00003	IA FILING DATE:	02 / 05 / 99
FAMILY NAME:	JURJAVCIC	DELAY WAIVED (Y/N):	N
GIVEN NAME:	DAMJAN	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	02 / 17 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	204 745	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:		CUSTOMER NUMBER:	000000
		TELEPHONE	2129499022
		FAX	

NAME: ABELMAN FRAYNE SCHWAS

STREET: 150 EAST 42ND STREET

CITY: NEW YORK

STATE/COUNTRY: NY ZIP: 10017

EMAIL:

APPLICATION TITLES:

DEVICE PROVIDING PICTURE VISIBILITY FROM ALL SIDES

TAB TO LAST POSITION,PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 09/622,467	FILING DATE 11/03/2000 RULE -	CLASS 040	GROUP ART UNIT 3628	ATTORNEY DOCKET NO. 204.745
------------------------------------	---------------------------------------------------	---------------------	-------------------------------	---------------------------------------

APPLICANTS

Damjan Jurjavcic, Idrija, SLOVENIA;

**** CONTINUING DATA *******

THIS APPLICATION IS A 371 OF PCT/SI99/00003 02/05/1999

**** FOREIGN APPLICATIONS *******

SLOVENIA P-9800044 02/17/1998

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 12/11/2000

**** SMALL ENTITY ****

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SLOVENIA	SHEETS DRAWING 5	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>[Signature]</u> Initials: _____				

ADDRESS

Abelman Frayne & Schwab
150 East 42nd Street
New York, NY 10017-5612

TITLE

Device providing picture visibility from all sides

FILING FEE RECEIVED 905	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit